

Notice: This form is required under ss. 29.889, Wis. Stats., and subch. II ch. NR 19, Wis. Adm. Code. Failure to provide this information may result in denial of benefits. Personally identifiable information on this form will be used for managing grants and is not intended to be used for any other purpose.

Instructions: Complete the Reimbursement Request Worksheet (page 2) by recording the amount of each expenditure under the appropriate column heading.

Submit the signed original copy of this form, including the worksheet on page 2, to the Wisconsin Department of Natural Resources, Bureau of Finance, FN/1 PO Box 7921, Madison, WI 53707-7921.

Grantee Information			
County		Period Covered By This Request (MM-DD-YYYY)	
		From	To
<input type="checkbox"/> Partial	<input type="checkbox"/> Final	Pay Request No.	
A. Expense Record		Amount	Leave Blank For DNR Use Only
1. Total Request This Claim (from page 2)		\$	\$
2. Total Prior Payment Request (Excluding Advance)		\$	\$
3. Total Payment Requested to Date (Sum Lines 1 and 2)		\$	\$
B. Previous Payment Received			
4. Advance Received (Include Carryover)		\$	\$
C. Amount Due			
5. For Partial Requests (Line 1)		\$	\$
6. For Final Request (Line 3 minus Line 2 and 4)		\$	\$
Mail Check To:		Initials Date Wildlife Management _____	

Certification

I certify that to the best of my knowledge and belief the billed costs are based on actual payments of record and are in accordance with the terms of the plan of administration and all laws. The reimbursement represents the grant share due which has not been previously requested. I agree that any payment which exceeds the allowable costs incurred will be repaid to DNR within 30 days of the final audit.

Typed or Printed Name	
Title	Telephone Number (include area code & extensions)
Signature of Authorized Representative	Date Signed

Reimbursement Request**Definition of Worksheet Columns****Administration**

Salaries: Any wage, per diem, or fringe benefit paid to or on behalf of a county employee, committee member, or contracted technician.

Mileage and Travel: Mileage and travel costs associated with the program or the annual training session.

Office Supplies: Other county operating expenses billable to the program including phone, photocopying, postage, etc.

Venison Donation: Salaries, mileage, travel and supplies to coordinate venison donation program.

Abatement

Permanent Fencing: Fencing purchased for a particular landowner and to intended to be relocated.

Temporary Fencing: Fencing purchased with the intent of it being taken down after harvest of the crop for use by different landowners.

Repellents: Includes any chemical repellent (deer away, BGR, etc.), tankage, blood meal, soap or any other used to deter damage based on smell or taste.

Scare Devices: Includes exploders, propane tanks, propane gas or other fuel, flagging, scare cartridges, or other methods based on sight or sound to frighten the animals causing damage.

Venison Processing: Processing and packaging donated venison.

Other: Any other DNR approved abatement technique including shooting assistance, alternate food plots, live trapping, or the use of hunting patterns as discussed with the Bureau of Wildlife Management.

Claims

Wildlife Damage Claims should be included in "Other" column. Indicate the amount of damage that would be payable to the landowner. (Amount of assessed damage less any applicable deductibles and penalties.)

Required Attachments

Attach documentation with each partial and final request:

1. Photocopy of invoices supporting expenditures over \$100.
2. Recorded fence contracts with supporting documentation.
3. Summary of labor and mileage costs (hours, hourly rate, and fringe by employee with number of miles)
4. Photocopy of the recommended abatement measure, enrollment form, and certification by the individual and the county representative that the measure was properly completed.
5. Photocopy of USDA invoices.
6. Other pertinent records to support costs or refunds.